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May 12, 2016

Diplomate in Clinical Psychology
Diplomate in Forensic Psychology

**SUMMARY PSYCHOLOGICAL REPORT
BILLY JONES**

Dates of Evaluation: 4/22/16 4/25/16

BASIS FOR OPINIONS

Interviews

Structured Interview
Unstructured Interview
Parental Interview

Psychological Tests

Rorschach
MMPI-2

Materials Reviewed

Santa Clara Records
Children's Psychological Health Center Records
Evaluation by Dr. Sherwood
Report of Espanola Hospital
Valley Community Health Center Records
Documents from Dr. Kliman
Transcript of Interview by Dr. Kilman
UNMH Records
IHS Records
Student Records

CONTEXT

Billy Jones was born on 11/06/94. Early on in school, other children began to make fun of him. The most common taunt was that he was gay. He was commonly referred to as, "Gay Billy." His mother home-schooled him from the 4th to the 8th grade. When his family relocated to New Mexico Billy's mother enrolled him in a public school. The taunts and bullying began again. Billy reports that in the two weeks of school he had become an object of derision. He reports one incident on the bus in which one student

Psychological Report
Billy Jones
May 12, 2016

grabbed him by his shirt and punched him. Billy reported that if other students had not held him back, "I would have killed him."

Billy's difficulties escalated when he was found to have drawings and writings which concerned the school administration and the police and for which he was eventually expelled from school and detained by the police as a potential threat.

The disturbing material included tombstones with the name of fellow students written on them and the inscription, "RIP." He also made other lists of students, one which he entitled "List for Hell." The lists referred to some of his fellow students by name and some by names that Billy gave them including, "Pink Whore, Special Blond and fat ASS (sic)."

Billy's drawing included drawings of one boy with a knife through his head and one with his head exploded off his body. Other drawing depicted torture scenes.

Billy has been variously diagnosed as Major Depressive Disorder with Psychotic Features and ADHD (Presbyterian Medical Services) and Schizophrenia (UNMH) and PTSD (Dr. Kilman).

OPINIONS

While Billy is upset and angry about what happened at school, he does not have the necessary symptoms required for a diagnosis of PTSD. Billy does have intrusive memories of being at the Juvenile Detention Center overnight, and he has triggered memories of the incidents when others talk about what happened at school. Billy also tries to avoid being near the school where the incidents happened and the, "kids from that school."

However, Billy does not have episodes of memory loss about the experiences at school or at the detention center, "I remember 98% of it." Nor has he engaged in reckless behavior after the incidents. He reports not having an increase in his sense of detachment from others, or an exaggerated startle response. According to Billy he has had difficulty concentrating all of his life but has not experienced increased problems in concentration since the incidents at school and his incarceration. He reported having had some difficulty sleeping right after the incident but that his sleep is, "now back to normal." Billy reports that his level of irritability is the same as it was before. He is no more hyper-vigilant than he was before the incidents.

In sum Billy does not display the requisite symptoms for PTSD in his interviews. Nor does he currently have significant depressive symptoms. Some of the depression noted earlier in his treatments may be controlled by his current anti-depressive medication. He is not now frequently sad, but has sad feeling only "about one time a week." He reports no increase or decrease in his pattern of overeating. According to Billy, his self esteem and energy levels are about the same as always. Also, Billy does not feel hopeless

Psychological Report

Billy Jones

May 12, 2016

reporting, "I don't feel hopeless. I feel I am gonna get more ahead in life. I'm ready for a better life."

While there are not sufficient criteria for the diagnoses of PTSD or depression, there are ample indications of schizophrenia.

Billy has delusions and hallucinations. he reported seeing a devil on the highway which made his car swerve off to the side and almost killed him. He continues to have imaginary friends and reports hearing voices which sometimes tell him bad things. He has reported having an alternate personality named James for whom Billy wants to create a physical body. Another personality, is one who has disappeared but whom Billy fears will return. He is obsessed with thoughts of hell and destruction and the devil. Like some schizophrenics, Billy is concerned with end of the world themes and writes that he wants to, "Research the end of the world make a decision if I think it will happen."

His mother reports social symptoms consistent with schizophrenia. She reports that Billy, "has been unable to take care of himself his whole life." According to his mother, Billy has to be told when to eat and when to shower.

The psychological testing is inconsistent with PTSD or depression but is consistent with schizophrenia. His only elevated scores on the MMPI-2 are indicative of schizophrenia with mild antisocial tendencies.

Other test results indicate:

A. He demonstrates a severe impairment in his reality testing abilities, often misperceiving events and forming mistaken opinions of people and what their actions signify. This significant adaptive liability is likely to result in frequent failure to anticipate the consequences of his actions and to misconstrue the boundaries of appropriate behavior. His inaccurate perceptions of people and events are likely to lead him to erroneous collusions, ill-advised actions, and faulty judgment.

B. His confusion in separating reality from fantasy, and the inappropriate behavior to which it can lead, appears to constitute a chronic and pervasive source of adjustment difficulties. People with this deficient degree of reality testing have difficulty managing everyday situations without assistance or supervision and many meet the criteria of a psychotic degree of disturbance.

C. Billy has serious impairments in logic and reasoning. He sometimes employs which primitive logic that is is referred to as primary process reasoning. It is the logic used in dreams, hallucinations, and delusions.

D. He has difficulty forming accurate impressions of what people are thinking and feeling and why they act as they do. Such a tendency to misjudge creates a potential for inappropriate social behavior.

Psychological Report
Billy Jones
May 12, 2016

E. Billy's impaired levels of attention, concentration and integration of data further limit his overall cognitive functioning. It is difficult to tell how much of this is ADHD and how much a manifestation of cognitive difficulties because of his thought disorder.

F. His fantasy life is infused with high levels of anger and destruction.

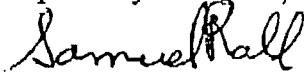
G. His poor judgment and limited impulse control are also aspects of his personality that will require continued monitoring.

SUMMARY

While Billy is angry about what happened at school, his symptoms do not reach the level required for PTSD. However, Billy has more serious difficulties. Neither the psychosis noted at Presbyterian Medical Services, nor the Schizophrenia found at UNM and in my interview data and testing, could have been caused by the incidents at school. Also, his mother's reports make it clear that he has had serious difficulties all of his life. He will continue to need ongoing treatment and supervision.

I hope that this evaluation is useful in understanding Billy. Please feel free to call me if I can clarify or elaborate any of this report.

Respectfully submitted,



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